

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **09/980070**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		2		
5	1		1			
6		1		1		
7		1		1		
8		1		1		
9	1		1			
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46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.			4			
TOTAL DEP.			23			
TOTAL CLAIMS			27			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						

Best Available Copy